

DPHHS-HCS/CC-015
(Rev. 12/11)

Best Beginnings Child Care Scholarship Program

CHILD CARE SERVICE PLAN

CCR&R ELIGIBILITY SPECIALIST STAFF ONLY	
CASE / CASE EVENT NUMBER	
HEAD OF HOUSEHOLD NAME	
ELIGIBILITY BEGIN DATE	ELIGIBILITY END DATE
ELIGIBILITY DETERMINATION DATE	R&R DATE STAMP
CASE EVENT WORKER NAME	

INSTRUCTIONS

When you select a child care provider, the Child Care Resource and Referral (CCR&R) agency needs the information below to complete the child care certification plan.

- Use a separate form for each child care provider.
- If you change providers, submit a new form before, or within one (1) business day to maintain a child care scholarship.

Payment is not issued until your child care certification plan is complete. You and your provider will receive a copy of the certification plan in the mail. The certification shows the period of eligibility.

This is not an application for a child care scholarship. This is not a contract. This information is used only to arrange for a child care scholarship. The parent and provider may contract for services in a separate agreement.

APPLICANT INFORMATION

APPLICANT NAME	PHONE #
ADDRESS	

PROVIDER INFORMATION (Ask your provider to help you in completing this form)

A provider must have a current payment (PV) number. A scholarship payment will not be made if the provider number expires. All rate changes need to be reported in writing to your local Resource & Referral before the change, and will not take effect until the 1st of the month following the change.

PROVIDER'S NAME		PROVIDER'S LICENSE # PV#	
PROVIDER'S ADDRESS		PROVIDER'S TELEPHONE #	
RATES FOR 0-24 MONTH-OLDS (INFANT)		RATES FOR AGE 2+ (CHILD)	
\$ /day	\$ /hr	\$ /day	\$ /hr
PROVIDER'S TAX ID #			
Type of Child Care Setting: Certified Facility <input type="checkbox"/> LCP - Legally Certified Provider Licensed or Registered Facility <input type="checkbox"/> Family Child Care Home (LRFH)		<input type="checkbox"/> Parent Home <input type="checkbox"/> Provider Home <input type="checkbox"/> Group Child Care Home (LRGH)	
<input type="checkbox"/> Child Care Center (LRC)		OFFICIAL USE ONLY Family meets requirements for LCI Care <input type="checkbox"/> Yes <input type="checkbox"/> No Eligibility Specialist Initials _____ Faxed to CCS: _____ Date and Initials _____	

CHILD #1	Child's Name:			Provider's Name:			Start Date	
	Is this child related to the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship							
	Is this the Child's Primary Provider <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain.							
	HOURS AND DAYS CHILD CARE IS PROVIDED							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	
	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	
	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	
<input type="checkbox"/> The above schedule remains the same for the entire month <input type="checkbox"/> The above schedule varies throughout the month. If schedule varies, please explain:								

CHILD #2	Child's Name:			Provider's Name:			Start Date	
	Is this child related to the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship							
	Is this the Child's Primary Provider <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain.							
	HOURS AND DAYS CHILD CARE IS PROVIDED							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	
	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	
	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	
<input type="checkbox"/> The above schedule remains the same for the entire month <input type="checkbox"/> The above schedule varies throughout the month. If schedule varies, please explain:								